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Alternative Childcare in Cambodia: Institutional or Community-based?

Fabiola Tsugami*

カンボジアにおける子供のケアをめぐる代替的アプローチ
—施設かコミュニティー基盤か?—

津上 ファビオラ パトリツィア*

Abstract

This article is looking at the worldwide phenomenon of children referred to alternative care, which can be either institutional (residential) or community-based (non-residential). Debate on the dichotomy of approaches to alternative care has been going on in 'Western' social science for the past five decades, but only recently the discourse has made its way to Cambodia. Voices calling for de-institutionalization of childcare can be reflected in Cambodia by the Policy on Alternative Care issued by the Ministry of Social Affairs, Veterans, and Youth Rehabilitation with collaboration of UNICEF in 2006. Approach represented by the government and UNICEF is founded on the principles of the Stockholm Declaration on Children and Residential Care, which clearly states that referring children to institutional care should be a "last resort and only as a temporary response" (Stockholm University, Department of Social Work, 2003). In contrast, some researchers in Cambodia, whilst not undermining the underlying principles of community-based childcare rationale, argue that as non-residential care services are very scarce in the country and still being tested out, the need for shelter based services cannot be ruled out. This study, having examined the workings of community-based childcare from a multi-cultural perspective, shows that the applicability of one model 'off-the-shelf' has its limitations. The research conducted in Cambodia revealed that although theoretically the community-based childcare approach is considered more apt to guarantee 'the best interest of a child', in the Cambodian context, apart from the kinship care arrangements, institutional care appears a more viable approach to alternative childcare. Although governmental advocacy for de-institutionalization of childcare in Cambodia just began a few years ago, the first community-based childcare models were already implemented by some NGOs over 15 years ago and proved unsuccessful.

*Graduate School of Asia-Pacific Studies, Waseda University, Doctoral Degree Program

1. INTRODUCTION

Alternative childcare provided for children who, for whatever reason, are not under the care of their biological parents, means a formal or informal arrangement where a child is looked after outside her or his parental home, either by the decision of a judicial or administrative authority or at the initiative of the child or related parties. Alternative care can be either institutional (residential) or community-based (non-residential). The debate on the dichotomy of approaches to alternative childcare (institutional versus community-based) has been going on in the 'Western' social science for the past fifty years. Only in recent years has the discourse also made its way to Cambodia. The Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) with the collaboration of UNICEF has been devoted to deinstitutionalization of childcare, which is reflected in the Policy on Alternative Care issued by the ministry in 2006. UNICEF, having been funded by the German and French Committees, the Dutch Ministry of Foreign Affairs and the USAID Displaced Children and Orphans Fund (DCOF)¹, seems to be the main force behind the latest movement towards deinstitutionalization of childcare in Cambodia. UNICEF is working not only with the Royal Cambodian Government but also with 'Friends International' and eight other NGOs, including Kaliyan Mith.² In the policy MoSVY and UNICEF emphasize that, "the placement of children in long-term institutional childcare can have a negative impact in terms of psycho-social development and expose them to discrimination, exploitation, etc., thus highlighting the need to promote non-residential care" (MoSVY 2006b, p.9).

The approach represented by UNICEF is founded on the Convention on the Rights of the Child (CRC), which recognizes that children have the best chance of developing their full potential in a family environment, and the principles of the Stockholm Declaration on Children and Residential Care, which clearly states that referring children deprived of family care to institutional care should be a "last resort and only as a temporary response" (Stockholm University, Department of Social Work, 2003). In contrast, some researchers in Cambodia, whilst not trying to undermine the underlying principles of community-based care rationale, argue that, "As non-residential care services are very few in the country and still being tested out, the need for shelter based services cannot be ruled out" (Abidi 2007, p.2).

The objectives of this study is to challenge the current 'black and white' picture of residential childcare versus community based-care, and to show that what works well for one society or culture is not necessarily an adequate solution for another. In other

¹ UNICEF Cambodia. September 6, 2013. "Creating alternatives to residential care for children in Cambodia". <http://unicefcambodia.blogspot.jp/2013/09/creating-alternatives-to-residential.html> (October 15, 2013).

² Ibid

words, it is arguable whether it is appropriate to apply everywhere a theoretically and ‘socially correct’ model off-the-shelf without considering the unique cultural, social, political, economic and historical background of each country.

The results of this study show that although theoretically the community-based childcare approach is considered more apt to guarantee ‘the best interest of a child’, in the Cambodian context, apart from kinship care, an institutional model appears a more viable approach to alternative childcare. This study will begin with the review of existing literature with emphasis on the genesis of the anti-institutional tendency versus the notion of the necessity to recreate residential childcare. Furthermore, it will provide a view of alternative childcare from a cross-cultural perspective to show that non-residential childcare has been more or less successfully implemented only in North America and a few northern European countries, but failed, for instance, in southern and eastern regions of Europe or in Japan. Then there will be an overview of the nature of alternative childcare in Cambodia, followed by the findings of the research conducted by the author in Cambodia in 2007 and 2012.

2. INSTITUTIONAL CARE VERSUS COMMUNITY BASED CARE

While it is unclear how widely the necessity of deinstitutionalization is recognized in the world, there is evidence of a move toward non-residential childcare in the West. According to a vast number of [Western] researchers, placing children in residential settings should be the last option, used only when there are no other alternatives. Residential childcare is perceived as ineffective, lacking purpose and, compared to community-based care, very expensive to run. When placement in alternative childcare is necessary, it should ideally be in a family-like setting. “Institutional placements should be avoided and only resorted to as a last and temporary option” (Stockholm Declaration on Children and Residential Care, 2003). Similarly, Frost, Mills and Stein (1999) noted that, “the rationale for residential care is perceived to be, at best, pragmatic and negative [there is no alternative]” (1991, p.1).

2.1 Development of anti-institutional theories

Establishment of an array of children’s services close to the form it exists nowadays and child protection legislation began in the second half of the nineteenth century. “It was an age of moral confidence that sprang from a mixture of religious revivalism and a belief in the essential pliability of children once exposed to new environments that separated them from the deleterious influences of what were frequently regarded as feckless, neglectful and worthless families” (Parker 1991, p.1). In that climate there were few doubts about the effectiveness and rightness of placing children in institutions, or whether it was in the best interest of a child. Child welfare was not

considered a right, but a 'favor' (Frost et al., 1999). The status quo of child welfare only began to be seriously questioned from the 1960s onwards.

In Europe the first significant challenge to residential institution came from the famous research of John Bowlby (published in 1953) and from his theory of maternal deprivation (as cited in Frost et al. 1999, p.22). Bowlby's research could be used to back the argument that fostering should be chosen over residential childcare, and its impact helped to "establish a clear hierarchy of child placement: adoption, fostering and, least desirable, residential care" (Ibid). Other theories that significantly induced anti-institutional thinking were developed by the American sociologist Ervin Goffman and the French philosopher Michel Foucault, even though none of them has ever written directly about residential childcare. Goffman developed the term *total institution* and claimed that these institutions are "forcing houses for changing persons; each is a natural experiment on what can be done to the self" (Goffman, 1961, p.12). Goffman's theory significantly contributed to the understanding of social institutions as dehumanizing and stigmatizing, also as placements which inherently created illness and dependency.³

Accordingly, the major trend in some European countries over the past four decades has been the decline in residential care in favor of other forms of childcare and a movement from 'care and containment' to providing and maintaining family and community support mechanisms. Scholars, supporting this trend, argued that a 'bad' family is usually better than a 'good' children's home. This is because community-based childcare models provide children with a genuine family environment, which enables them to form close attachments to parent role models and to learn social interaction (Vuthy and Sophanna, 2006). Therefore, children have an opportunity to learn life skills, spend more time on play, and properly prepare for adult, independent life.

Concerning residential childcare, social scientists reported on the harmful impact of institutional life on children's development up until adulthood. "More than 50 years of research provides convincing evidence that institutional care is detrimental to the cognitive, behavioral, emotional, and social development of young children" (Madge 1994, p.137). Furthermore, researchers argued that institutional care of children less than three years of age might have negative effects on the development of brain functioning during these crucial development years (Ibid p.12). Other concerns are related to violations of children's rights, including physical and sexual abuse, poor nutrition, hygiene and health care, lack of education, and regimented discipline (Tolfree, 2003). On top of that, children in institutional care are often separated not only from their parents, but also from their siblings, relatives, and friends. They are also often deprived

³ <http://plato.stanford.edu/entries/foucault> (September 1, 2013)

of visits from their parents (Vuthy and Sophanna 2006, p.12).

2.2 Rethinking the effectiveness of residential care

Much has been written about a crisis of confidence in residential childcare, creating a negative image. “To the public, fed on a diet of scandal, children’s homes are places where children are either victims, being physically or sexually abused, or villains, who are beyond control, involved in prostitution, crime or going missing” (Frost et al., 1999, p.1). Conversely, moves toward de-institutionalization can lead to excessive implementation of foster care or adoption.

“Countries considering the establishment or development of formal foster care clearly need to be made aware of the dangers of pinning their hopes entirely on this system” (UNICEF and International Social Service [ISS], 2004). Over-reliance on foster and adoption services may occur at the expense of the underestimated potential of other services; for example residential placement. In addition, unsuccessful placements lead to a situation when children are “experiencing a vicious circle of increasingly disturbing placement breakdowns” (Ibid).

Theorists, who argue against the background of a crisis in residential childcare believe that although residential care has faced a series of crises, it is possible to re-create residential childcare as a positive alternative (Frost et al., 1999, p.123). Organizing a framework for re-casting residential childcare in a positive manner could provide a quality environment where the best interest of a child could be effectively protected and promoted. In this manner, the central function of residential childcare would be empowering children and young people. This approach, placing empowerment in the center, suggests a model which can move beyond previous paternalistic models of ‘care’ and more recent (and sometimes) naive models based solely on the rights of children (Ibid, p.127). Accordingly, empowerment should be distinguished from participatory rights. Children should be supported in a manner, which enables them to take risks and take control over their own lives wherever this is possible, even in simple matters, such as deciding their own menu.

Sinclair and Gibbs (1998) in their research argued that high-quality residential childcare could only happen where there is a clear and well-defined purpose for each residential unit. Frost et al (1999) pointed out that the effectiveness of residential units is enhanced where they are small, providing placement for around six children (p.124).

Finally, both approaches, residential and non-residential, have a common concern. Many children end up and remain in alternative care establishments even though it is not absolutely needed. “In some situations, mothers or parents ‘spontaneously’ place their children - or are even encouraged to do so- in a residential facility purely because of their financial circumstances or because, for example, of the mother’s single

or unwed status” (UNICEF and ISS, 2004). Regarding foster care, in the 1980s American Congress conducted a study which showed that a large number of children who could have stayed or been re-united with their natal family were placed in foster care arrangements and, in addition, often remained there longer than necessary (Guggenheim, 2005, pp.187-190).

3. CROSS-CULTURAL ASPECTS OF DEINSTITUTIONALIZING CHILD CARE

Apart from the theoretical discourse on strengths and weaknesses of each approach to alternative care, viewing the problem from a cross-cultural aspect provides interesting new perspectives. All of the above discussion on alternative care methods was based on ‘Western’ literature, which evidently favors community-based models over institutional ones. It is worth noting that the so-called *West* is by no means homogenous and the *Western* literature often originates from the northern parts of Western Europe (e.g. Great Britain or Sweden) or the United States, which are quite different from southern or eastern regions of Europe in terms of culture and mentality.

As mentioned above, current knowledge of child protection work has traditionally been based on research and clinical experience in Western nations (Connolly, Crichton-Hill and Ward, 1988, p.25). This notion is sometimes defined as “the hegemonic domination of Western social science” (Paranjpe, 1988). Going beyond the current socially correct trend of implementing community based care models along with abandoning the residential care approach may provide different results.

3.1 The division in approaches to alternative childcare within Europe.

The Western school of thought promoting foster care actually mainly represents North European and North American systems. Even within Western Europe there can be observed a clear split between a Catholic south and Protestant north in the position of fostering versus residential care (Madge, 1994). For instance, Portugal, Spain, Greece, and Italy are all relatively dependent on residential placements, whereas Sweden and England mainly rely on a system of foster care (see Figure 1, p.25). The only exception would be Catholic Ireland, which has a long history of fostering. It is significant that the European Union is struggling to address this split by encouraging implementation of a single model, based on the superiority of foster care and adoption.

The case of Sweden appears particularly remarkable: it is a country which has one of the best social security systems in the world, and with very high rates of foster care placements. The Swedish school of thought had a big impact on shaping approaches to alternative childcare, with emphasis on the non-residential models (see Stockholm Declaration, 2003). The Swedish welfare system, established in the 1950s, was based on the notion of “one homogenous Swedish nation state with one common

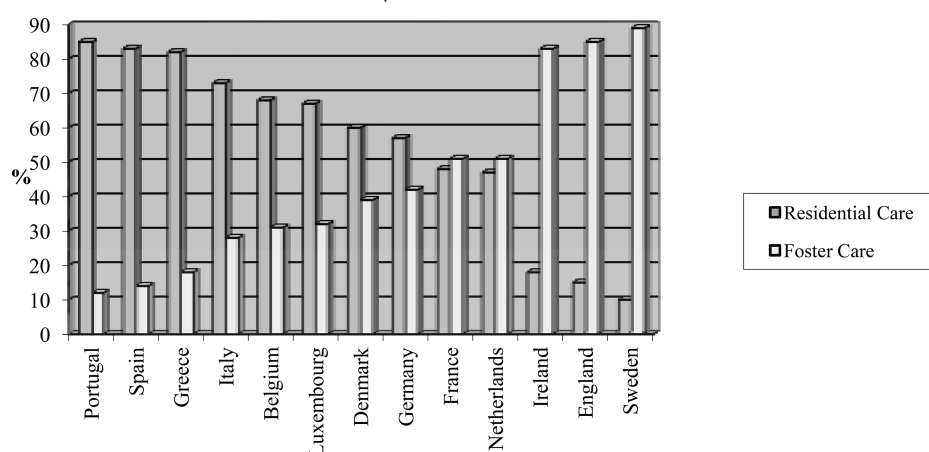
language and one unique and coherent culture” (Peterson, 1999, p.61). Nevertheless, contemporary Sweden, due to the immigration flows, is not as homogenous as six decades ago and the welfare system’s basic foundations are not valid anymore; thus it is challenged with the need to build a new system “from scratch on the principles of a multicultural reality” (Ibid, p.62). Peterson (1999) insisted that, “only by recognizing the presence of a global context and a multicultural society can the new welfare state be re-created (p.62). From the historical perspective, as Swedish children have been placed in foster homes since the 18th century, the country has a century old practice of placing children in foster care. Sweden also implements a mandatory training of foster parents. In addition, the notion of family in Sweden and Cambodia differ dramatically, as well as the socioeconomic and legal conditions.

In light of the above, the viability of advocating for deinstitutionalizing childcare in Cambodia based on the guidelines (the Stockholm Declaration) created in Sweden - a country with completely different historical, socioeconomic and sociocultural context which is currently struggling with cultural challenges of its own system is questionable. To conclude, the experience of Sweden clearly shows that the principles of a welfare system ought to be formed in accordance with the country’s social and cultural reality.

3.2 Challenges to deinstitutionalizing childcare in Asia: the case of Japan

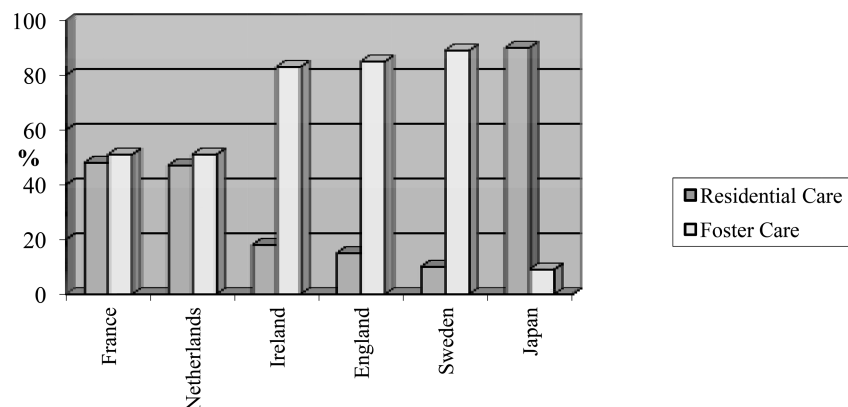
Another interesting finding was that looking at dependency on institutional versus community-based childcare in Japan put in doubt the ‘recognized worldwide’ impor-

Table 1 Approximate relative proportions of children in residential and foster care placements in thirteen countries



Source: Goodman (2000), p.140, adapted from Madge (1994), p.71

Table 2 Proportion of children in care in residential institutions and in foster home placements in five European countries and Japan (%)



Source: Adapted from Goodman (2000, pp.139-140)

tance of deinstitutionalizing childcare. However, given the diverse approaches to alternative childcare within Europe, the split between Asia (there are premises to assume that Japan and Cambodia are not isolated cases in this aspect⁴) and the Western world should not be a revelation.

Japan, the most economically successful Asian country with a well-developed welfare system, seems much 'out of line' in terms of fostering. As the shown in the table below Japan remains at one extreme end of the spectrum.

It would be useful to elaborate on the background of child protection in Japan, as it might be more helpful in understanding problems with alternative childcare in contemporary Cambodia than referring to north European and North American systems.

"The relative absence of fostering in contemporary Japan is all the more surprising in the light of there being a long tradition of it in Japanese society" (Goodman, 2000, p.139). In Japan, the number of children in foster care was not always so low and was certainly widespread in pre-war Japan, especially among the elite. "Not only fathers but also mothers were relatively uninvolved in child-rearing and children were largely brought up by servants or by foster parents (*sato oya*), as happened for example with the late Emperor Showa and his brother" (Ibid, p.141).

Also in immediate post-war Japan, a vast number of private foster arrangements were made. However, the natal family and the fostering family knew each other, and the fostering family was familiar with the background of the child it was fostering. The most common reason for the reluctance among Japanese to look after children appears their unknown background (Goodman, 2000, p.142). In order to address the prob-

⁴ For example, institutional care is also used on a large scale in Central Asia (Billson, 2007, p.351).

lem of unwillingness to foster children in Japanese society, a new law covering fostering was introduced in 1987. It attempted to create a more positive image of foster care by reducing the investigation of candidates for foster parenting, improving training, enhancing the supportive role of NGOs, and simplifying the standards expected of foster parents. Despite those efforts, the new fostering system turned out not as effective as expected. Many foster placements proved unsuccessful due to the lack of state support for foster parents, economic and social changes, the decrease of extended families, and the expanded participation rates of women in the labor force. Even nowadays, the child-support issue appears somehow ambivalent, and individuals who consider fostering with any financial motives are viewed suspiciously by the social workers. Besides, there is a tendency to confuse fostering and adoption. Since many parents undertake fostering with a future adoption in mind, they are likely to be more demanding and picky (Ibid).

In spite of the fact that adoption also has a long history in Japan, even fewer children are adopted than are fostered. Yet, the kind of adoption that was practiced in pre-modern Japan, and still remains up to the present, was mainly adoption of kin relatives for purposes of succession, and the focus was on the 'house' (ie), not the adoptee. In post-war Japan there are even more categories of adoption⁵, but almost in each case the background of the child is known (Hayes and Habu, 2006).

4. ALTERNATIVE CARE IN CAMBODIA

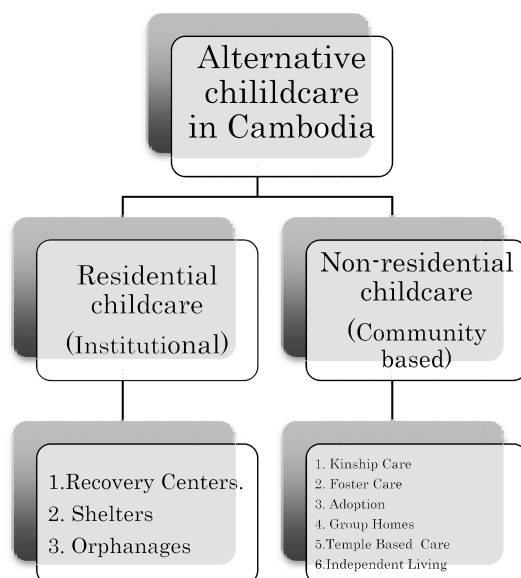
Both models of alternative childcare: residential and non-residential were identified in Cambodia. Researchers Kavoukis and Horsley (2004) asserted that, "the importance of de-institutionalizing care is *recognized worldwide*, including Cambodia" (p.24). Accordingly, Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) issued the Policy on Alternative Care for Children in 2006, where emphasis was placed on referral to community-based childcare rather than to its institutional equivalent.

4.1 Destinations of Cambodian children in need of alternative care

In Cambodia, the vast majority of children in need of alternative care are being placed in institutional establishments like recovery centers (transitional living centers), shelters (short and long-term) and orphanages. The number of orphanages has been growing, although many of the facilities have not officially recognized by MoSVY. In 2006, 182 institutions were registered in Cambodia, and this number has grown to 197 in 2007. According to Carmichael (2011) in 2011 there were already 269

⁵ Adoption of one's illegitimate children, step children, or grandchildren; adoption to avoid inheritance tax, adoption of illegal workers from overseas

Fig. 1 Destinations of Cambodian children in need of alternative childcare.



Source: Figure created by the author

facilities, yet, the government ran just 21 of them. Only a few NGOs include in their programs community based modes such as referral to extended family -kinship care; foster care placements, adoption, group homes, independent living, or temple-based care (by some called *pagoda care*).⁶ For the purpose of this study, the categorization of alternative care models existing in Cambodia is shown in the chart below.

4.2 Ambiguity in the community-based childcare in the Cambodian context.

Researchers Kavoukis and Horsley (2004) pointed out that, “there is no clear definition of community-based childcare in Cambodia” (p.8). MoSVY referred to community-based childcare as a situation “when a child is living within a family or community, close to social support systems and as a part of a community” (as cited in Kavoukis and Horsley 2004, p.8). Consequently, if this definition is to be applied it can also cause some confusion. Apart from the religious aspect⁷, childcare in a temple could be also interpreted as institutional care because children may live in big groups, without caregivers who are able to play the role of a mother or father (one of the main components that institutional care lacks to ensure the healthy development of a child, see chapter 2, section 2.2), and may not enjoy the same free-

⁶ In this study ‘*temple-based care*’ will be used instead of ‘*pagoda-based care*’.

⁷ There is a general consensus that a religious complex is not referred to as an institution.

dom as children living within a family setting. Based on Goffman's theory of 'total institution', one of the arguments undermining institutionalization is that for children in residential care, unlike for children living with a family, the three main aspects of child's life: study, play and sleep occur in the same environment and under the same authority (as cited in Frost, Mills and Stein 1999, p.28). Hence, given that some temples provide education, the life of children placed there resembles living in a residential care setting rather than in a non-residential one. On the contrary, if the definition of MoSVY was legitimate, a shelter or orphanage managed 'appropriately' or in accordance with the empowerment approach proposed by Frost, Mills and Stein could be classified as community-based childcare. The second part of the official definition of community-based childcare (MoSVY) emphasizes that, "a child lives close to social support services and as a part of a community" (2006b). As just, living as part of a community is at the very core of the empowerment approach (Frost, Mills and Stein, 1999) which presents potential for improved residential care that could be viewed in a more positive way.

5. RESEARCH FINDINGS

The findings of this research are the result of 15 weeks in the field in 2007 and 4 weeks in 2012, which included structured and semi-structured interviews, as well as participant observation (the author has spent a few weeks working as a volunteer in two residential facilities in Kandhal and Takeo provinces). In this chapter the overview of existing facilities and the key issues associated with running them will be presented. In many cases the research and field observation illuminated the risks and consequences of childcare placements pointed out by theorists mentioned in the second chapter.

5.1 Institutional care

Cambodian shelters can be either short or long-term. Orphanages usually offer the long-term care. In order to regulate matters related to running residential childcare centers, The Ministry of Social Affairs, Veterans and Youth Rehabilitation has issued a *Prakas*⁸ on Minimum Standards on Residential Care for Children (MoSVY, November 2006).

5.1.1 Legitimacy of Children's Placements

There is a notion that in less developed countries residential childcare has been vastly over-used. In many instances children are placed in institutions by their parents

⁸ A *Prakas* is a Ministerial Order.

Fig. 2 An 'Orphanage' with One Orphan



Source: a picture taken by the author in Phnom Penh, Cambodia.

due to poverty, their parents' marital (divorced), or unwed status (UNICEF and ISS, 2004). The situation in Cambodia entirely reflects the above statement. One of the orphanages visited by the author in Phnom Penh had only 1 orphan (a child whose both parents are dead) among its 23 residents. Based on the children's case files containing their life stories, nine of them lost one parent; five ended up in the orphanage because of their parents' divorce and subsequent remarriage of one or both; and the last eight children's placement in the facility was ascribed to parents' poverty, unemployment, and in one case, illness. Accordingly, 22 children out of 23 still had one or both parents, and therefore were not orphans. Even the case of the only *real* orphan may be questionable, as the child, with no siblings, had a 72-year old grandmother, who was categorized as 'too old' to take care of her grandson.

In the majority of cases, children who had one or both parents alive were brought into the facility by the orphanage owner or by the child's parents or relatives. Prior to their arrival, as cited in the files, "the owner of the orphanage met [the child's] parents and all agreed that it would be good for [the child] to live in the orphanage as [she/ he] would receive good care and education or have a better life".

Moreover, some of the children who had both parents, but were poor or unemployed, lived in the neighborhood, as close as 80-200 meters from the orphanage. The findings of this research were similar to those of UNICEF: "nearly three out of four children in the country's orphanages have at least one living parent".⁹

5.1.2 Location and Isolation of Residential Establishments

Many institutional care facilities in Cambodia are isolated from the community in

⁹ Carmichael, R. 2011, March 22. "UNICEF Concern Prompts Cambodian Investigation of Orphanages. Voice of America online." <http://www.voanews.com/content/unicef-concern-prompts-cambodian-investigation-of-orphanages-118493469/136916.html> (October16, 2013).

many aspects. Sometimes, the way protection is perceived by NGOs in Cambodia results in the establishment of centers that resemble correctional institutions rather than children's homes - some shelters with massive gates being locked and watched by male guards, were surrounded by concrete walls secured with barbed wires and sharp pieces of broken glass, bringing the prison-like image the total institution described by Goffman (see section 2.1).

Another concern was the location of the residential institutions. Some of them were placed in densely inhabited districts, but evidently lacking an area to play or any green and pleasant environment (see Figure 4) recommended in the Minimum Standards on Residential Care for Children (2006a, Article 3: Welfare and Development). Others appeared not located in the heart of an identifiable community. The location is also particularly important because "any living arrangement which falls outside the dominant image of 'the family' arouses fear and suspicion" (Frost, Mills and Stein, 1999, p.42). Such arrangements may also contribute to discrimination and stigmatization of the children and add to the perception of them as socially excluded, troubled children.

5.1.3 Quality in Residential Child Care: Daily Activities and General Welfare

In many cases it appears that children once placed in an institution are just left on their own: apart from some formal education like attending a community primary school, nothing much else is organized for the residents. Non-formal education often results in haphazard arrangements, which highly depend on the availability of volunteers or a stable provision of funds from donors. On the contrary, in some shelters children complain that there are too many events, which may be tiresome and not 'natural' if compared to children living with their families in a community. Normally, except for the time spent at school, children hang around in a shelter or orphanage mainly doing 'nothing'.

Fig. 3 Children spending their free time on a Sunday morning at an orphanage



Source: a picture taken by the author in Phnom Penh, Cambodia.

Fig.4 Children taking a nap at an orphanage



Source: a picture taken by the author in Phnom Penh, Cambodia

Fig.5 The author is having lunch with residents at a shelter



Source: a picture taken by the author in Phnom Penh, Cambodia

The residents seemed to have a lot of time on their hands, which contributed to boredom. Children tended to take long naps during the daytime, or just sat leaning against the walls with an absent expression on their faces, apparently not involved in any activities. When asking children, what they liked to do in their spare time, the common response was “napping” or “doing homework”. Nobody mentioned play, and when asked about it directly, the children simply answered that they did not play.

Regarding children’s diet, MoSVY (2006a) points out in the Minimum Standards on Residential Care for Children, that children should have at least three meals a day and balanced nutrition with protein coming from meat, fish, soy bean, carbohydrate, cereal, or vegetables (Article 3: Welfare and Development). Abidi (2007) reported that, “most shelters try to provide a reasonably good diet to the children living under their care, yet many children look thin and physically weak for their age” and argued that children require more than three meals a day and a properly balanced meals (pp.103-107). Many shelters in Cambodia did not seem to recognize the importance of regular physical exercise and providing children with vaccinations.

5.2 Community Based (Non-residential) Care in Cambodia

The models of community-based childcare observed in Cambodia include: adoption, fostering, kinship care, group homes and pagoda-based care (MoSVY, 2006). The ministry additionally mentioned child-headed household care, as a new form of community based care, which emerged in the wake of the HIV/AIDS epidemic (Ibid).

5.2.1 Kinship Based Care

Kinship, as a type of childcare provided by extended family, can be considered the most appropriate model of community-based care due to the fact that extended family like grandparents or siblings of a child’s parents, are normally expected to love a child

more than unrelated persons, a child is already accustomed to its caregivers and there already exists a supposable emotional bond between the two parties.

Although it can be argued that “kinship care is a traditional part of Cambodia culture” (Kavoukis and Horsley, 2004, p.9), yet, Kavoukis and Horsley reported that “there has been little systematic study of kinship care and it is not known how widespread it is nor what the outcomes are for children in the care of extended family” (Ibid). Based on reviewed reports and documents on the policies of NGOs as well as on the interviews, no particular tendency to encourage kinship care has been noted in Cambodia. However, there are premises to assume that children return to the extended family without assistance.

5.2.2 Foster Care

Foster care, unlike adoption, does not involve court procedures unless necessary, and allows a child to live in a family setting. It is a traditional care arrangement where a family agrees to take a child, not related to them, into their home. Similarly to kinship care, foster care is often based in Cambodia via private arrangements. Although the first foster care programs were set up in the country about twenty years ago by World Vision Cambodia (WVC) and were unsuccessful, there has been a trend in recent years to run foster care projects to the degree that it is becoming ‘fashionable’ (personal communication, April 15, 2012)

WVC has been running the Phnom Penh-based Street Children Project ‘Bamboo Shoot Children Center’ (BSCC) for almost twenty years. In 1994 BSCC started implementing the foster care program and can be considered an organization with the longest experience in this field. During author’s first visit to BSCC (October 1, 2007), the project’s coordinator - Ms. Kim Nay - was extensively interviewed. The key concerns were related to difficulty in finding foster families and, as children frequently dropped out of the program, sustainability of placements. Given that some parents expressed willingness to foster a child, they would be later on discouraged by extended family, which would strongly disapprove of accepting a child of unknown origin and argue that “it is not good to raise a child of different blood”. Foster parents to-be would consult a fortuneteller and withdraw from caring for a child if she/he was born on a “wrong day” which was believed to cause “evil for the entire family”. Based on fortuneteller’s ‘expertise’ and superstitious beliefs, widely spread in Cambodian society, a child would be taken in only if she/he was indicated to “bring prosperity to the family”. Another major constraint in foster care arrangements were obstacles created by a child’s natal family. Biological parents insisted on better education provision and favored placing their children in institutional care facilities. Yet, the lack of consent for fostering from the original family should be rather ascribed to their fear of future

adoption of their children by the foster family. In this way, according to the Law on Marriage and Family, children were obliged to provide for their new family upon reaching adulthood. Drawing a conclusion for these arguments, it could be presumed that a child was somehow perceived as a *commodity* and a future caregiver. Finally, certain families, once the two-year period of financial support was over, mistreated children on purpose, hoping that they would drop out by themselves.

5.2.3 Adoption

Adoption is a permanent family placement in which the rights and responsibilities of biological parents are transferred to adoptive parents. MoSVY admitted that, “the full adoption creates a permanent parent-child relationship between the child and his/her adoptive parent(s) and terminates the rights and obligations between the child and his/her biological parents or guardians” (2006b, p.10). Adoption procedures must be carried out through a court petition and in accordance with the Law on Marriage and Family. Based on the interviews and on the fact that information on adoption in the literature in Cambodia is scant, it does not appear a widespread form of alternative care. The director of ASPECA, an organization that closely collaborates with the Cambodian government and is comprised of 15 orphanages all around the country, openly declared that she did not favor adoption (Mrs. K. Kimlang, personal communication, September 26, 2007). ASPECA runs a program of ‘foster parenthood’, as some residents of ASPECA orphanages have ‘foster parents’ in Europe (mainly France, Germany and Italy) who are called children’s ‘parents’ predominantly for the sake of donating 20-50 US\$ monthly to the organization. As cited in Kakouvis and Horsley (2004), adoption in Cambodia is restricted to children under the age of eight and does not have a good reputation. Based on national statistics, the number of adoptions has decreased from 8% (of the registered socially excluded children) in 2004 to 3% in 2006 (UNICEF and MoSVY, 2006, Table 27).

5.2.4 Group Homes

Group Homes are usually run by salaried social workers who are responsible for taking care of a small number of children, typically up to 12 children per household.

Only a few NGOs offer group homes based childcare in Cambodia, and there is very limited information available on the way this form of alternative care functions. For example, NGOs such as Hagar, HIS, MPK, MITH Samlanh/Friends and Hope of Children (HOC) were running group home care programs. However, only 1% of ‘socially excluded’ children were living in-group homes in 2006 (UNICEF and MoSVY, 2006, Table 27).

5.2.5 Temple-based Care

Traditionally, monks and nuns in Buddhist temples offer shelter and food for orphaned and vulnerable children. The role of the temple in post-war Khmer society should not be underestimated. In the past and also at present, temples provided shelter and a role in society for a great deal of widows (Ledgerwood, 2007). Bit (1991) noted that temples until the twentieth century were the only providers of primary education in Cambodia (p.42).

Nowadays, apart from shelter, sometimes education is offered at temples as well. However, this form of childcare is perceived as functional mainly for boys. Some temples have a notion to move towards forming their own childcare NGOs, but the information regarding childcare in temples is scant. Kavoukis and Horsley pointed out that “very little is known about these centers, nor whether the model of care remains similar to the traditional model or is more accurately grouped with some of other service types (2004, p.11)”. In either way, since this kind of childcare resembles institutional care rather than family-based care, it is unclear why MoSVY and some researchers categorize temple-based care as community-based care.

6. Conclusion

This study revealed that despite the common and ‘fashionable’ trend of moving towards de-institutionalization, strongly advocated by the UNICEF and the Ministry of Social Affairs, Veterans and Youth Rehabilitation, at present, institutional care remains the only viable resort for children in need of alternative care in Cambodia. Although the governmental policy on alternative care promoting community-based care was introduced in 2006, the first foster care arrangements were made 19 years ago and did not appear to be successful. Moreover, reviewing childcare from a multinational perspective, it is striking that huge disparities exist within the European and North American countries. In southern and eastern regions of Europe institutional childcare still remains the dominant form of alternative care. Therefore it can be presumed that culture and mentality play a vital role in the acceptance of alternative models of childcare. On top of that, Cambodia is an extremely impoverished society and unless safe and reasonable options of income generation are provided by the state, children will continue to be treated as a *commodity*, ending up in exploitative situations. So far there is neither evidence nor reasons to assume that community-based childcare could be an alternative to widely condemned institutional care. Superstitious and karmic beliefs, along with the common distrust towards others appear another obstacle to Cambodian communities getting involved in care for other people’s children while their backgrounds remain unknown and the worst may be suspected. Japan’s example, described by Goodman (2000) indicates that although some forms of community

based-care existed in Japanese tradition, they were only practiced under the condition that an unrelated child's background had been known to care givers. The case of Japan also shows that the diversity of approaches to alternative care in the global context is linked to socio-cultural circumstances and the lack of philanthropic tradition rather than to economic factors.

As community-based care appears inapplicable in the Cambodian context, the stakeholders concentrating their efforts on modifying residential care seems the most viable way to solve the issue of children in need of alternative care. The approach of restructuring residential care proposed by Frost et al (1999) could be applicable to Cambodian context. Finally, this research sheds light on the key issue related to alternative care - the legitimacy of placements, which is valid for both: institutional and community-based models. Prior to debates on which of the existing alternative care models is more viable in Cambodia, the stakeholders should seriously reflect on the necessity of many placements in alternative childcare and analyze the ulterior motives lying behind them. Undoubtedly children have a right to education, but there is no reason to separate families in order to ensure this right. Moreover, residential care facilities may be over-used by children in need of education at the expense of orphaned children or children at risk, e.g. victims of domestic violence or trafficked children. To conclude all the approaches or frameworks to be introduced in Cambodia should be tested for applicability in the socio-economic and cultural context.

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